



## Complete Summary

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### TITLE

Diagnosis of breast disease: percentage of class 4 or class 5 abnormal mammograms that are followed by a biopsy within 7 to 10 days.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis of breast disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. 47 p. [63 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of class 4 or class 5 abnormal mammograms that are followed by a biopsy within 7 to 10 days.

### RATIONALE

The priority aim addressed by this measure is to reduce the length of time between first knowledge of a breast abnormality and diagnostic resolution.

### PRIMARY CLINICAL COMPONENT

Breast disease; mammogram abnormality; biopsy; timing

### DENOMINATOR DESCRIPTION

Total number of patients with an abnormal mammogram undergoing biopsy

#### **NUMERATOR DESCRIPTION**

Total number of patients within 7 to 10 days between the first documentation of a mammogram abnormality and a completed biopsy for all records reviewed

#### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Diagnosis of breast disease.](#)

#### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Unspecified

#### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

#### **Application of Measure in its Current Use**

#### **CARE SETTING**

Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

**TARGET POPULATION AGE**

Age less than or equal to 74 years

**TARGET POPULATION GENDER**

Female (only)

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component****INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories****IOM CARE NEED**

Getting Better

**IOM DOMAIN**

Effectiveness  
Patient-centeredness  
Timeliness

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Women through age 74 with biopsy for possible diagnosis of breast cancer

A list of all patients with breast biopsies for mammogram abnormalities during the previous target period. The medical records can be reviewed to determine the number of days between first documentation of an abnormal mammogram and completion of a biopsy.

Data may be collected semiannually.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of patients with an abnormal mammogram undergoing biopsy

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Diagnostic Evaluation

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of patients within 7 to 10 days between the first documentation of a mammogram abnormality and a completed biopsy for all records reviewed

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of class 4 or class 5 abnormal mammograms that are followed by a biopsy within 7-10 days.

### MEASURE COLLECTION

[Diagnosis of Breast Disease Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Nov

### REVISION DATE

2008 Jan

### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis of breast disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 51 p.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis of breast disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. 47 p. [63 references]

### MEASURE AVAILABILITY

The individual measure, "Percentage of class 4 or class 5 abnormal mammograms that are followed by a biopsy within 7-10 days," is published in "Health Care Guideline: Diagnosis of Breast Disease." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## **NQMC STATUS**

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